

110TH CONGRESS  
1ST SESSION

# H. R. 676

To provide for comprehensive health insurance coverage for all United States residents, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 2007

Mr. CONYERS (for himself, Mr. KUCINICH, Mr. McDERMOTT, Mrs. CHRISTENSEN, Ms. LEE, Mr. FARR, Mr. McNULTY, Mr. GRIJALVA, Mr. HINCHEY, Mr. GUTIERREZ, Ms. JACKSON-LEE of Texas, Ms. WATSON, Mr. ELLISON, Mr. LOEBSACK, Mr. CLAY, Mr. HONDA, Ms. ROYBAL-ALLARD, Mr. MCGOVERN, Ms. CARSON, Ms. BALDWIN, Mr. SCOTT of Virginia, Mr. ENGEL, Mr. ABERCROMBIE, Ms. WOOLSEY, Mr. WEXLER, Mr. PASTOR, Mr. PAYNE, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. WEINER, Mr. MEEHAN, Mr. AL GREEN of Texas, Mr. FATTAH, Mr. WYNN, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. FILNER, Mr. JACKSON of Illinois, Ms. KILPATRICK of Michigan, Mr. LEWIS of Georgia, Mr. GEORGE MILLER of California, Ms. MOORE of Wisconsin, Mr. RANGEL, and Mr. TOWNS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide for comprehensive health insurance coverage for all United States residents, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the  
 3 “United States National Health Insurance Act (or the Ex-  
 4 panded and Improved Medicare for All Act)”.

5 (b) **TABLE OF CONTENTS.**—The table of contents of  
 6 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions and terms.

TITLE I—ELIGIBILITY AND BENEFITS

- Sec. 101. Eligibility and registration.
- Sec. 102. Benefits and portability.
- Sec. 103. Qualification of participating providers.
- Sec. 104. Prohibition against duplicating coverage.

TITLE II—FINANCES

Subtitle A—Budgeting and Payments

- Sec. 201. Budgeting process.
- Sec. 202. Payment of providers and health care clinicians.
- Sec. 203. Payment for long-term care.
- Sec. 204. Mental health services.
- Sec. 205. Payment for prescription medications, medical supplies, and medically necessary assistive equipment.
- Sec. 206. Consultation in establishing reimbursement levels.

Subtitle B—Funding

- Sec. 211. Overview: funding the USNHI Program.
- Sec. 212. Appropriations for existing programs for uninsured and indigent.

TITLE III—ADMINISTRATION

- Sec. 301. Public administration; appointment of Director.
- Sec. 302. Office of Quality Control.
- Sec. 303. Regional and State administration; employment of displaced clerical workers.
- Sec. 304. Confidential Electronic Patient Record System.
- Sec. 305. National Board of Universal Quality and Access.

TITLE IV—ADDITIONAL PROVISIONS

- Sec. 401. Treatment of VA and IHS health programs.
- Sec. 402. Public health and prevention.
- Sec. 403. Reduction in health disparities.

TITLE V—EFFECTIVE DATE

- Sec. 501. Effective date.

1 **SEC. 2. DEFINITIONS AND TERMS.**

2 In this Act:

3 (1) **USNHI PROGRAM; PROGRAM.**—The terms  
4 “USNHI Program” and “Program” mean the pro-  
5 gram of benefits provided under this Act and, unless  
6 the context otherwise requires, the Secretary with  
7 respect to functions relating to carrying out such  
8 program.

9 (2) **NATIONAL BOARD OF UNIVERSAL QUALITY**  
10 **AND ACCESS.**—The term “National Board of Uni-  
11 versal Quality and Access” means such Board estab-  
12 lished under section 305.

13 (3) **REGIONAL OFFICE.**—The term “regional of-  
14 fice” means a regional office established under sec-  
15 tion 303.

16 (4) **SECRETARY.**—The term “Secretary” means  
17 the Secretary of Health and Human Services.

18 (5) **DIRECTOR.**—The term “Director” means,  
19 in relation to the Program, the Director appointed  
20 under section 301.

21 **TITLE I—ELIGIBILITY AND**  
22 **BENEFITS**

23 **SEC. 101. ELIGIBILITY AND REGISTRATION.**

24 (a) **IN GENERAL.**—All individuals residing in the  
25 United States (including any territory of the United  
26 States) are covered under the USNHI Program entitling

1 them to a universal, best quality standard of care. Each  
2 such individual shall receive a card with a unique number  
3 in the mail. An individual's social security number shall  
4 not be used for purposes of registration under this section.

5 (b) REGISTRATION.—Individuals and families shall  
6 receive a United States National Health Insurance Card  
7 in the mail, after filling out a United States National  
8 Health Insurance application form at a health care pro-  
9 vider. Such application form shall be no more than 2 pages  
10 long.

11 (c) PRESUMPTION.—Individuals who present them-  
12 selves for covered services from a participating provider  
13 shall be presumed to be eligible for benefits under this Act,  
14 but shall complete an application for benefits in order to  
15 receive a United States National Health Insurance Card  
16 and have payment made for such benefits.

17 **SEC. 102. BENEFITS AND PORTABILITY.**

18 (a) IN GENERAL.—The health insurance benefits  
19 under this Act cover all medically necessary services, in-  
20 cluding at least the following:

- 21 (1) Primary care and prevention.
- 22 (2) Inpatient care.
- 23 (3) Outpatient care.
- 24 (4) Emergency care.
- 25 (5) Prescription drugs.

1 (6) Durable medical equipment.

2 (7) Long term care.

3 (8) Mental health services.

4 (9) The full scope of dental services (other than  
5 cosmetic dentistry).

6 (10) Substance abuse treatment services.

7 (11) Chiropractic services.

8 (12) Basic vision care and vision correction  
9 (other than laser vision correction for cosmetic pur-  
10 poses).

11 (13) Hearing services, including coverage of  
12 hearing aids.

13 (b) PORTABILITY.—Such benefits are available  
14 through any licensed health care clinician anywhere in the  
15 United States that is legally qualified to provide the bene-  
16 fits.

17 (c) NO COST-SHARING.—No deductibles, copay-  
18 ments, coinsurance, or other cost-sharing shall be imposed  
19 with respect to covered benefits.

20 **SEC. 103. QUALIFICATION OF PARTICIPATING PROVIDERS.**

21 (a) REQUIREMENT TO BE PUBLIC OR NON-PROF-  
22 IT.—

23 (1) IN GENERAL.—No institution may be a par-  
24 ticipating provider unless it is a public or not-for-  
25 profit institution.

1           (2) CONVERSION OF INVESTOR-OWNED PRO-  
2           VIDERS.—Investor-owned providers of care opting to  
3           participate shall be required to convert to not-for-  
4           profit status.

5           (3) COMPENSATION FOR CONVERSION.—The  
6           owners of such investor-owned providers shall be  
7           compensated for the actual appraised value of con-  
8           verted facilities used in the delivery of care.

9           (4) FUNDING.—There are authorized to be ap-  
10          propriated from the Treasury such sums as are nec-  
11          essary to compensate investor-owned providers as  
12          provided for under paragraph (3).

13          (5) REQUIREMENTS.—The conversion to a not-  
14          for-profit health care system shall take place over a  
15          15-year period, through the sale of U.S. Treasury  
16          Bonds. Payment for conversions under paragraph  
17          (3) shall not be made for loss of business profits,  
18          but may be made only for costs associated with the  
19          conversion of real property and equipment.

20          (b) QUALITY STANDARDS.—

21               (1) IN GENERAL.—Health care delivery facili-  
22               ties must meet regional and State quality and licens-  
23               ing guidelines as a condition of participation under  
24               such program, including guidelines regarding safe  
25               staffing and quality of care.

1           (2) LICENSURE REQUIREMENTS.—Participating  
2           clinicians must be licensed in their State of practice  
3           and meet the quality standards for their area of  
4           care. No clinician whose license is under suspension  
5           or who is under disciplinary action in any State may  
6           be a participating provider.

7           (c) PARTICIPATION OF HEALTH MAINTENANCE OR-  
8           GANIZATIONS.—

9           (1) IN GENERAL.—Non-profit health mainte-  
10          nance organizations that actually deliver care in  
11          their own facilities and employ clinicians on a sala-  
12          ried basis may participate in the program and re-  
13          ceive global budgets or capitation payments as speci-  
14          fied in section 202.

15          (2) EXCLUSION OF CERTAIN HEALTH MAINTEN-  
16          NANCE ORGANIZATIONS.—Other health maintenance  
17          organizations, including those which principally con-  
18          tract to pay for services delivered by non-employees,  
19          shall be classified as insurance plans. Such organiza-  
20          tions shall not be participating providers, and are  
21          subject to the regulations promulgated by reason of  
22          section 104(a) (relating to prohibition against dupli-  
23          cating coverage).

1 (d) FREEDOM OF CHOICE.—Patients shall have free  
2 choice of participating physicians and other clinicians,  
3 hospitals, and inpatient care facilities.

4 **SEC. 104. PROHIBITION AGAINST DUPLICATING COVERAGE.**

5 (a) IN GENERAL.—It is unlawful for a private health  
6 insurer to sell health insurance coverage that duplicates  
7 the benefits provided under this Act.

8 (b) CONSTRUCTION.—Nothing in this Act shall be  
9 construed as prohibiting the sale of health insurance cov-  
10 erage for any additional benefits not covered by this Act,  
11 such as for cosmetic surgery or other services and items  
12 that are not medically necessary.

13 **TITLE II—FINANCES**

14 **Subtitle A—Budgeting and**  
15 **Payments**

16 **SEC. 201. BUDGETING PROCESS.**

17 (a) ESTABLISHMENT OF OPERATING BUDGET AND  
18 CAPITAL EXPENDITURES BUDGET.—

19 (1) IN GENERAL.—To carry out this Act there  
20 are established on an annual basis consistent with  
21 this title—

22 (A) an operating budget;

23 (B) a capital expenditures budget;

24 (C) reimbursement levels for providers con-  
25 sistent with subtitle B; and

1 (D) a health professional education budget,  
2 including amounts for the continued funding of  
3 resident physician training programs.

4 (2) REGIONAL ALLOCATION.—After Congress  
5 appropriates amounts for the annual budget for the  
6 USNHI Program, the Director shall provide the re-  
7 gional offices with an annual funding allotment to  
8 cover the costs of each region’s expenditures. Such  
9 allotment shall cover global budgets, reimbursements  
10 to clinicians, and capital expenditures. Regional of-  
11 fices may receive additional funds from the national  
12 program at the discretion of the Director.

13 (b) OPERATING BUDGET.—The operating budget  
14 shall be used for—

15 (1) payment for services rendered by physicians  
16 and other clinicians;

17 (2) global budgets for institutional providers;

18 (3) capitation payments for capitated groups;

19 and

20 (4) administration of the Program.

21 (c) CAPITAL EXPENDITURES BUDGET.—The capital  
22 expenditures budget shall be used for funds needed for—

23 (1) the construction or renovation of health fa-  
24 cilities; and

25 (2) for major equipment purchases.

1 (d) PROHIBITION AGAINST CO-MINGLING OPER-  
2 ATIONS AND CAPITAL IMPROVEMENT FUNDS.—It is pro-  
3 hibited to use funds under this Act that are earmarked—

4 (1) for operations for capital expenditures; or

5 (2) for capital expenditures for operations.

6 **SEC. 202. PAYMENT OF PROVIDERS AND HEALTH CARE CLI-**  
7 **NICIANS.**

8 (a) ESTABLISHING GLOBAL BUDGETS; MONTHLY  
9 LUMP SUM.—

10 (1) IN GENERAL.—The USNHI Program,  
11 through its regional offices, shall pay each hospital,  
12 nursing home, community or migrant health center,  
13 home care agencies, or other institutional provider  
14 or pre-paid group practice a monthly lump sum to  
15 cover all operating expenses under a global budget.

16 (2) ESTABLISHMENT OF GLOBAL BUDGETS.—  
17 The global budget of a provider shall be set through  
18 negotiations between providers and regional direc-  
19 tors, but are subject to the approval of the Director.  
20 The budget shall be negotiated annually, based on  
21 past expenditures, projected changes in levels of  
22 services, wages and input, costs, and proposed new  
23 and innovative programs.

24 (b) THREE PAYMENT OPTIONS FOR PHYSICIANS AND  
25 CERTAIN OTHER HEALTH PROFESSIONALS.—

1           (1) IN GENERAL.—The Program shall pay phy-  
2           sicians, dentists, doctors of osteopathy, psycholo-  
3           gists, chiropractors, doctors of optometry, nurse  
4           practitioners, nurse midwives, physicians’ assistants,  
5           and other advanced practice clinicians as licensed  
6           and regulated by the States by the following pay-  
7           ment methods:

8                   (A) Fee for service payment under para-  
9                   graph (2).

10                   (B) Salaried positions in institutions re-  
11                   ceiving global budgets under paragraph (3).

12                   (C) Salaried positions within group prac-  
13                   tices or non-profit health maintenance organiza-  
14                   tions receiving capitation payments under para-  
15                   graph (4).

16           (2) FEE FOR SERVICE.—

17                   (A) IN GENERAL.—The Program shall ne-  
18                   gotiate a simplified fee schedule that is fair  
19                   with representatives of physicians and other cli-  
20                   nicians, after close consultation with the Na-  
21                   tional Board of Universal Quality and Access  
22                   and regional and State directors. Initially, the  
23                   current prevailing fees or reimbursement would  
24                   be the basis for the fee negotiation for all pro-  
25                   fessional services covered under this Act.

1           (B) CONSIDERATIONS.—In establishing  
2 such schedule, the Director shall take into con-  
3 sideration regional differences in reimburse-  
4 ment, but strive for a uniform national stand-  
5 ard.

6           (C) STATE PHYSICIAN PRACTICE REVIEW  
7 BOARDS.— The State director for each State, in  
8 consultation with representatives of the physi-  
9 cian community of that State, shall establish  
10 and appoint a physician practice review board  
11 to assure quality, cost effectiveness, and fair re-  
12 imbursements for physician delivered services.

13           (D) FINAL GUIDELINES.—The regional di-  
14 rectors shall be responsible for promulgating  
15 final guidelines to all providers.

16           (E) BILLING.—Under this Act physicians  
17 shall submit bills to the regional director on a  
18 simple form, or via computer. Interest shall be  
19 paid to providers whose bills are not paid within  
20 30 days of submission.

21           (F) NO BALANCE BILLING.—Licensed  
22 health care clinicians who accept any payment  
23 from the USNHI Program may not bill any pa-  
24 tient for any covered service.

1 (G) UNIFORM COMPUTER ELECTRONIC  
2 BILLING SYSTEM.—The Director shall create a  
3 uniform computerized electronic billing system,  
4 including those areas of the United States  
5 where electronic billing is not yet established.

6 (3) SALARIES WITHIN INSTITUTIONS RECEIVING  
7 GLOBAL BUDGETS.—

8 (A) IN GENERAL.—In the case of an insti-  
9 tution, such as a hospital, health center, group  
10 practice, community and migrant health center,  
11 or a home care agency that elects to be paid a  
12 monthly global budget for the delivery of health  
13 care as well as for education and prevention  
14 programs, physicians employed by such institu-  
15 tions shall be reimbursed through a salary in-  
16 cluded as part of such a budget.

17 (B) SALARY RANGES.—Salary ranges for  
18 health care providers shall be determined in the  
19 same way as fee schedules under paragraph (2).

20 (4) SALARIES WITHIN CAPITATED GROUPS.—

21 (A) IN GENERAL.—Health maintenance or-  
22 ganizations, group practices, and other institu-  
23 tions may elect to be paid capitation premiums  
24 to cover all outpatient, physician, and medical  
25 home care provided to individuals enrolled to

1 receive benefits through the organization or en-  
2 tity.

3 (B) SCOPE.—Such capitation may include  
4 the costs of services of licensed physicians and  
5 other licensed, independent practitioners pro-  
6 vided to inpatients. Other costs of inpatient and  
7 institutional care shall be excluded from capita-  
8 tion payments, and shall be covered under insti-  
9 tutions' global budgets.

10 (C) PROHIBITION OF SELECTIVE ENROLL-  
11 MENT.—Selective enrollment policies are pro-  
12 hibited, and patients shall be permitted to en-  
13 roll or disenroll from such organizations or enti-  
14 ties with appropriate notice.

15 (D) HEALTH MAINTENANCE ORGANIZA-  
16 TIONS.—Under this Act—

17 (i) health maintenance organizations  
18 shall be required to reimburse physicians  
19 based on a salary; and

20 (ii) financial incentives between such  
21 organizations and physicians based on uti-  
22 lization are prohibited.

23 **SEC. 203. PAYMENT FOR LONG-TERM CARE.**

24 (a) ALLOTMENT FOR REGIONS.—The Program shall  
25 provide for each region a single budgetary allotment to

1 cover a full array of long-term care services under this  
2 Act.

3 (b) REGIONAL BUDGETS.—Each region shall provide  
4 a global budget to local long-term care providers for the  
5 full range of needed services, including in-home, nursing  
6 home, and community based care.

7 (c) BASIS FOR BUDGETS.—Budgets for long-term  
8 care services under this section shall be based on past ex-  
9 penditures, financial and clinical performance, utilization,  
10 and projected changes in service, wages, and other related  
11 factors.

12 (d) FAVORING NON-INSTITUTIONAL CARE.—All ef-  
13 forts shall be made under this Act to provide long-term  
14 care in a home- or community-based setting, as opposed  
15 to institutional care.

16 **SEC. 204. MENTAL HEALTH SERVICES.**

17 (a) IN GENERAL.—The Program shall provide cov-  
18 erage for all medically necessary mental health care on  
19 the same basis as the coverage for other conditions. Li-  
20 censed mental health clinicians shall be paid in the same  
21 manner as specified for other health professionals, as pro-  
22 vided for in section 202(b).

23 (b) FAVORING COMMUNITY-BASED CARE.—The  
24 USNHI Program shall cover supportive residences, occu-  
25 pational therapy, and ongoing mental health and coun-

1 seling services outside the hospital for patients with seri-  
2 ous mental illness. In all cases the highest quality and  
3 most effective care shall be delivered, and, for some indi-  
4 viduals, this may mean institutional care.

5 **SEC. 205. PAYMENT FOR PRESCRIPTION MEDICATIONS,**  
6 **MEDICAL SUPPLIES, AND MEDICALLY NEC-**  
7 **CESSARY ASSISTIVE EQUIPMENT.**

8 (a) **NEGOTIATED PRICES.**—The prices to be paid  
9 each year under this Act for covered pharmaceuticals,  
10 medical supplies, and medically necessary assistive equip-  
11 ment shall be negotiated annually by the Program.

12 (b) **PRESCRIPTION DRUG FORMULARY.**—

13 (1) **IN GENERAL.**—The Program shall establish  
14 a prescription drug formulary system, which shall  
15 encourage best-practices in prescribing and discour-  
16 age the use of ineffective, dangerous, or excessively  
17 costly medications when better alternatives are avail-  
18 able.

19 (2) **PROMOTION OF USE OF GENERICS.**—The  
20 formulary shall promote the use of generic medica-  
21 tions but allow the use of brand-name and off-for-  
22 mulary medications when indicated for a specific pa-  
23 tient or condition.

24 (3) **FORMULARY UPDATES AND PETITION**  
25 **RIGHTS.**—The formulary shall be updated frequently

1 and clinicians and patients may petition their region  
2 or the Director to add new pharmaceuticals or to re-  
3 move ineffective or dangerous medications from the  
4 formulary.

5 **SEC. 206. CONSULTATION IN ESTABLISHING REIMBURSE-**  
6 **MENT LEVELS.**

7 Reimbursement levels under this subtitle shall be set  
8 after close consultation with regional and State Directors  
9 and after the annual meeting of National Board of Uni-  
10 versal Quality and Access.

11 **Subtitle B—Funding**

12 **SEC. 211. OVERVIEW: FUNDING THE USNHI PROGRAM.**

13 (a) **IN GENERAL.**—The USNHI Program is to be  
14 funded as provided in subsection (c)(1).

15 (b) **USNHI TRUST FUND.**—There shall be estab-  
16 lished a USNHI Trust Fund in which funds provided  
17 under this section are deposited and from which expendi-  
18 tures under this Act are made.

19 (c) **FUNDING.**—

20 (1) **IN GENERAL.**—There are appropriated to  
21 the USNHI Trust Fund amounts sufficient to carry  
22 out this Act from the following sources:

23 (A) Existing sources of Federal govern-  
24 ment revenues for health care.

1 (B) Increasing personal income taxes on  
2 the top 5 percent income earners.

3 (C) Instituting a modest and progressive  
4 excise tax on payroll and self-employment in-  
5 come.

6 (D) Instituting a small tax on stock and  
7 bond transactions.

8 (2) SYSTEM SAVINGS AS A SOURCE OF FINANC-  
9 ING.—Funding otherwise required for the Program  
10 is reduced as a result of—

11 (A) vastly reducing paperwork; and

12 (B) requiring a rational bulk procurement  
13 of medications under section 205(a).

14 (3) ADDITIONAL ANNUAL APPROPRIATIONS TO  
15 USNHI PROGRAM.—Additional sums are authorized  
16 to be appropriated annually as needed to maintain  
17 maximum quality, efficiency, and access under the  
18 Program.

19 **SEC. 212. APPROPRIATIONS FOR EXISTING PROGRAMS FOR**  
20 **UNINSURED AND INDIGENT.**

21 Notwithstanding any other provision of law, there are  
22 hereby transferred and appropriated to carry out this Act,  
23 amounts equivalent to the amounts the Secretary esti-  
24 mates would have been appropriated and expended for  
25 Federal public health care programs for the uninsured and

1 indigent, including funds appropriated under the Medicare  
2 program under title XVIII of the Social Security Act,  
3 under the Medicaid program under title XIX of such Act,  
4 and under the Children's Health Insurance Program  
5 under title XXI of such Act.

## 6 **TITLE III—ADMINISTRATION**

### 7 **SEC. 301. PUBLIC ADMINISTRATION; APPOINTMENT OF DI-** 8 **RECTOR.**

9 (a) IN GENERAL.—Except as otherwise specifically  
10 provided, this Act shall be administered by the Secretary  
11 through a Director appointed by the Secretary.

12 (b) LONG-TERM CARE.—The Director shall appoint  
13 a director for long-term care who shall be responsible for  
14 administration of this Act and ensuring the availability  
15 and accessibility of high quality long-term care services.

16 (c) MENTAL HEALTH.—The Director shall appoint a  
17 director for mental health who shall be responsible for ad-  
18 ministration of this Act and ensuring the availability and  
19 accessibility of high quality mental health services.

### 20 **SEC. 302. OFFICE OF QUALITY CONTROL.**

21 The Director shall appoint a director for an Office  
22 of Quality Control. Such director shall, after consultation  
23 with state and regional directors, provide annual rec-  
24 ommendations to Congress, the President, the Secretary,  
25 and other Program officials on how to ensure the highest

1 quality health care service delivery. The director of the Of-  
 2 fice of Quality Control shall conduct an annual review on  
 3 the adequacy of medically necessary services, and shall  
 4 make recommendations of any proposed changes to the  
 5 Congress, the President, the Secretary, and other USNHI  
 6 program officials.

7 **SEC. 303. REGIONAL AND STATE ADMINISTRATION; EM-**  
 8 **PLOYMENT OF DISPLACED CLERICAL WORK-**  
 9 **ERS.**

10 (a) USE OF REGIONAL OFFICES.—The Program  
 11 shall establish and maintain regional offices. Such regional  
 12 offices shall replace all regional Medicare offices.

13 (b) APPOINTMENT OF REGIONAL AND STATE DIREC-  
 14 TORS.—In each such regional office there shall be—

15 (1) one regional director appointed by the Di-  
 16 rector; and

17 (2) for each State in the region, a deputy direc-  
 18 tor (in this Act referred to as a “State Director”)  
 19 appointed by the governor of that State.

20 (c) REGIONAL OFFICE DUTIES.—

21 (1) IN GENERAL.—Regional offices of the Pro-  
 22 gram shall be responsible for—

23 (A) coordinating funding to health care  
 24 providers and physicians; and

1 (B) coordinating billing and reimburse-  
2 ments with physicians and health care providers  
3 through a State-based reimbursement system.

4 (d) STATE DIRECTOR'S DUTIES.—Each State Direc-  
5 tor shall be responsible for the following duties:

6 (1) Providing an annual state health care needs  
7 assessment report to the National Board of Uni-  
8 versal Quality and Access, and the regional board,  
9 after a thorough examination of health needs, in  
10 consultation with public health officials, clinicians,  
11 patients and patient advocates.

12 (2) Health planning, including oversight of the  
13 placement of new hospitals, clinics, and other health  
14 care delivery facilities.

15 (3) Health planning, including oversight of the  
16 purchase and placement of new health equipment to  
17 ensure timely access to care and to avoid duplica-  
18 tion.

19 (4) Submitting global budgets to the regional  
20 director.

21 (5) Recommending changes in provider reim-  
22 bursement or payment for delivery of health services  
23 in the State.

24 (6) Establishing a quality assurance mechanism  
25 in the State in order to minimize both under utiliza-

1       tion and over utilization and to assure that all pro-  
2       viders meet high quality standards.

3           (7) Reviewing program disbursements on a  
4       quarterly basis and recommending needed adjust-  
5       ments in fee schedules needed to achieve budgetary  
6       targets and assure adequate access to needed care.

7       (e) **FIRST PRIORITY IN RETRAINING AND JOB**  
8 **PLACEMENT; 2 YEARS OF UNEMPLOYMENT BENEFITS.—**  
9 The Program shall provide that clerical, administrative,  
10 and billing personnel in insurance companies, doctors of-  
11 fices, hospitals, nursing facilities, and other facilities  
12 whose jobs are eliminated due to reduced administration—

13           (1) should have first priority in retraining and  
14       job placement in the new system; and

15           (2) shall be eligible to receive 2 years of unem-  
16       ployment benefits.

17 **SEC. 304. CONFIDENTIAL ELECTRONIC PATIENT RECORD**  
18 **SYSTEM.**

19       (a) **IN GENERAL.—**The Secretary shall create a  
20 standardized, confidential electronic patient record system  
21 in accordance with laws and regulations to maintain accu-  
22 rate patient records and to simplify the billing process,  
23 thereby reducing medical errors and bureaucracy.

24       (b) **PATIENT OPTION.—**Notwithstanding that all bill-  
25 ing shall be preformed electronically, patients shall have

1 the option of keeping any portion of their medical records  
2 separate from their electronic medical record.

3 **SEC. 305. NATIONAL BOARD OF UNIVERSAL QUALITY AND**  
4 **ACCESS.**

5 (a) ESTABLISHMENT.—

6 (1) IN GENERAL.—There is established a Na-  
7 tional Board of Universal Quality and Access (in  
8 this section referred to as the “Board”) consisting  
9 of 15 members appointed by the President, by and  
10 with the advice and consent of the Senate.

11 (2) QUALIFICATIONS.—The appointed members  
12 of the Board shall include at least one of each of the  
13 following:

14 (A) Health care professionals.

15 (B) Representatives of institutional pro-  
16 viders of health care.

17 (C) Representatives of health care advo-  
18 cacy groups.

19 (D) Representatives of labor unions.

20 (E) Citizen patient advocates.

21 (3) TERMS.—Each member shall be appointed  
22 for a term of 6 years, except that the President shall  
23 stagger the terms of members initially appointed so  
24 that the term of no more than 3 members expires  
25 in any year.

1           (4) PROHIBITION ON CONFLICTS OF INTER-  
2 EST.—No member of the Board shall have a finan-  
3 cial conflict of interest with the duties before the  
4 Board.

5 (b) DUTIES.—

6           (1) IN GENERAL.—The Board shall meet at  
7 least twice per year and shall advise the Secretary  
8 and the Director on a regular basis to ensure qual-  
9 ity, access, and affordability.

10           (2) SPECIFIC ISSUES.—The Board shall specifi-  
11 cally address the following issues:

12                   (A) Access to care.

13                   (B) Quality improvement.

14                   (C) Efficiency of administration.

15                   (D) Adequacy of budget and funding.

16                   (E) Appropriateness of reimbursement lev-  
17 els of physicians and other providers.

18                   (F) Capital expenditure needs.

19                   (G) Long-term care.

20                   (H) Mental health and substance abuse  
21 services.

22                   (I) Staffing levels and working conditions  
23 in health care delivery facilities.

24           (3) ESTABLISHMENT OF UNIVERSAL, BEST  
25 QUALITY STANDARD OF CARE.—The Board shall

1 specifically establish a universal, best quality of  
2 standard of care with respect to—

3 (A) appropriate staffing levels;

4 (B) appropriate medical technology;

5 (C) design and scope of work in the health  
6 workplace; and

7 (D) best practices.

8 (4) TWICE-A-YEAR REPORT.—The Board shall  
9 report its recommendations twice each year to the  
10 Secretary, the Director, Congress, and the Presi-  
11 dent.

12 (c) COMPENSATION, ETC.—The following provisions  
13 of section 1805 of the Social Security Act shall apply to  
14 the Board in the same manner as they apply to the Medi-  
15 care Payment Assessment Commission (except that any  
16 reference to the Commission or the Comptroller General  
17 shall be treated as references to the Board and the Sec-  
18 retary, respectively):

19 (1) Subsection (c)(4) (relating to compensation  
20 of Board members).

21 (2) Subsection (c)(5) (relating to chairman and  
22 vice chairman)

23 (3) Subsection (c)(6) (relating to meetings).

24 (4) Subsection (d) (relating to director and  
25 staff; experts and consultants).

1 (5) Subsection (e) (relating to powers).

2 **TITLE IV—ADDITIONAL**  
3 **PROVISIONS**

4 **SEC. 401. TREATMENT OF VA AND IHS HEALTH PROGRAMS.**

5 (a) VA HEALTH PROGRAMS.—This Act provides for  
6 health programs of the Department of Veterans' Affairs  
7 to initially remain independent for the 10-year period that  
8 begins on the date of the establishment of the USNHI  
9 program. After such 10-year period, the Congress shall re-  
10 evaluate whether such programs shall remain independent  
11 or be integrated into the USNHI program.

12 (b) INDIAN HEALTH SERVICE PROGRAMS.—This Act  
13 provides for health programs of the Indian Health Service  
14 to initially remain independent for the 5-year period that  
15 begins on the date of the establishment of the USNHI  
16 program, after which such programs shall be integrated  
17 into the USNHI program.

18 **SEC. 402. PUBLIC HEALTH AND PREVENTION.**

19 It is the intent of this Act that the Program at all  
20 times stress the importance of good public health through  
21 the prevention of diseases.

22 **SEC. 403. REDUCTION IN HEALTH DISPARITIES.**

23 It is the intent of this Act to reduce health disparities  
24 by race, ethnicity, income and geographic region, and to  
25 provide high quality, cost-effective, culturally appropriate

1 care to all individuals regardless of race, ethnicity, sexual  
2 orientation, or language.

3 **TITLE V—EFFECTIVE DATE**

4 **SEC. 501. EFFECTIVE DATE.**

5 Except as otherwise specifically provided, this Act  
6 shall take effect on the first day of the first year that be-  
7 gins more than 1 year after the date of the enactment  
8 of this Act, and shall apply to items and services furnished  
9 on or after such date.

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